Case 09-30605 Doc 1 Filed 08/20/09 Entered 08/20/09 14:57:29 Desc Main Document Page 1 of 8

B22A (Official Form 22A) (Chapter 7) (12/08)

In re Stacey L Soberano	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
Debtor(s)	☐ The presumption arises
Case Number:	☑ The presumption does not arise
(If known)	☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
.,,	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	☐ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/
	☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b.
	Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

2	 Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. ☑ Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11. c. ☐ Married, not filing jointly, without the declaration of separate households set out in line 2.b above. Complete both Column A ("Debtor's Income") for Lines 3-11. d. ☐ Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must Income 					
	divide the six-month total by six, and enter the		riate line.			
3	Gross wages, salary, tips, bonuses, overti		2.14	\$0.00	\$	
4	Income from the operation of a business, p Line a and enter the difference in the appropri than one business, profession or farm, enter a attachment. Do not enter a number less than a expenses entered on Line b as a deduction	ate column(s) of Line aggregate numbers ar zero. Do not include in Part V.	4. If you operate more nd provide details on an			
	b. Ordinary and necessary business expenses		\$ 0.00			
	c. Business income		Subtract Line b from Line a	\$0.00	\$	
5	Rent and other real property income. Subtr in the appropriate column(s) of Line 5. Do no include any part of the operating expenses a. Gross Receipts b. Ordinary and necessary operating expenses c. Rent and other real property income	s than zero. Do not	\$0.00	\$		
6	Interest, dividends, and royalties.	\$0.00	\$			
7					\$	
8	Any amounts poid by another parent or entity on a regular basis for the basished				\$	
9	Unemployment compensation. Enter the and However, if you contend that unemployment of was a benefit under the Social Security Act, dicolumn A or B, but instead state the amount					
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	Spouse \$	\$	\$	
10	Income from all other sources. Specify sources on a separate page. Do not include a paid by your spouse if Column B is cor alimony or separate maintenance. Do not Security Act or payments received as a victim a victim of international or domestic terrorism a.	alimony or separate npleted, but include include any benefits n of a war crime, crim	maintenance payments e all other payments of received under the Social			

	Total and enter on Line 10.	\$0.00	\$		
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 thru 10 in Column B. Enter the total(s).	\$0.00	\$		
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$ 0.00			
Part III. APPLICATION OF § 707(b)(7) EXCLUSION					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number the result.	per 12 and enter	\$0.00		
14	Applicable median family income. Enter the median family income for the applicable state and house information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	ehold size. (This	\$60,049.00		
	a. Enter debtor's state of residence: L b. Enter debtor's household size: 2		,		
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.				
15	☑ The amount on Line 13 is less than or equal to the amount on Line 14. Check the boarise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.	ox for "The presu	mption does not		
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts	of this statement.			

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15).

	Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)	
16	Enter the amount from Line 12.	\$
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.	
	a. \$	
	Total and enter on Line 17.	\$
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$
	Part V. CALCULATION OF DEDUCTIONS FROM INCOME	
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)	
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$

19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members 45, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.						
	Hous	sehold members under 65 y	ears of age	Hous	sehold members 65 years	of age or older	
	a1.	Allowance per member		a2.	Allowance per member		
	b1. N	lumber of members		b2.	Number of members		
	c1.	Subtotal		c2.	Subtotal		\$
20A	and Ut	Standards: housing and utililities Standards; non-mortga ation is available at www.usd	ige expenses for the	he app	licable county and househol	d size. (This	\$
20B	the IRS inform total of	Standards: housing and utile Stand Stand and Utilities Stand Stand Station is available at www.usd the Average Monthly Payme from Line a and enter the res	ards; mortgage/re loj.gov/ust/ or froments for any debts	nt expe n the cl secure	ense for your county and ho erk of the bankruptcy court) d by your home, as stated i	usehold size (this ; enter on Line b the n Line 42; subtract	
	a.	IRS Housing and Utilities Stand	ards; mortgage/renta	l expens	se \$		
	b.	Average Monthly Payment for ar any, as stated in Line 42.	ny debts secured by h	nome, if	\$		
	C.	Net mortgage/rental expense			Subtract Line b from Line a		\$
21	and 20 Utilities	Standards: housing and uting does not accurately compositions Standards, enter any addition on the space below.	ute the allowance onal amount to w	to wh	ich you are entitled under t	ne IRS Housing and	\$
	an exp	Standards: transportation; ense allowance in this catego gardless of whether you use p	ory regardless of w	/hether			
22A		the number of vehicles for wh luded as a contribution to you				operating expenses 2 or more.	
ZZA	Transp Local S Statisti	checked 0, enter on Line 22A ortation. If you checked 1 or 2 standards: Transportation for cal Area or Census Region. (hkruptcy court.)	2 or more, enter o the applicable nur	n Line mber o	22A the "Operating Costs" a f vehicles in the applicable I	mount from IRS Metropolitan	\$
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					\$	

	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)				
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation				
	a. IRS Transportation Standards, Ownership Costs \$				
	b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42.				
		\$			
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs \$				
	b. Average Monthly Payment for any debts secured by Vehicle 2, sas stated in Line 42				
		\$			
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes. social security taxes. and Medicare taxes. Do not include real estate or sales taxes.	\$			
	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly				
26	payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.				
	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually	\$			
27	pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for	\$			
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$			
	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on				
30	shildeers, such as holy sitting, day care, nursery and proschool. Do not include other advectional				
	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend				
31	on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in				
	Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$			
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service— such as pagers, call waiting, caller id, special long distance, or internet service—to the extent				
	necessary for your health and welfare or that of your dependents. Do not include any amount previously	\$			
33	deducted.				
	Subpart B: Additional Living Expense Deductions				
	Note: Do not include any expenses that you have listed in Lines 19-32				

			lity Insurance, and Health S set out in lines a-c below tha			
	spous	e, or your dependent	S.	•	<u> </u>	
34	a.	Health Insurance		\$		
	b.	Disability Insuran		\$		
	C.	Health Savings A	ccount	\$		
		and enter on Line 34		e vour actual total ave	rage monthly expenditures in	\$
		ace below:	, , , , , , , , , , , , , , , , , , , ,			
35	month elderly	ly expenses that you	to the care of household on will continue to pay for the resabled member of your housenses.	easonable and necess	sary care and support of an	\$
36	you ad Servic	ctually incurred to ma	aintain the safety of your fam	ily under the Family Vi	essary monthly expenses that iolence Prevention and required to be kept confidential	\$
37	Local provi o	Standards for Housing the sour case trusters	ng and Utilities, that you actu	ally expend for home our actual expenses,	e allowance specified by IRS energy costs. You must and you must demonstrate	\$
38						\$
39	www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional				\$	
40			entributions. Enter the amoun able organization as defined in 26		o contribute in the form of cash or	\$
41	Total	Additional Expense	Deductions under § 707(b). Enter the total of Lin	nes 34 through 40.	\$
			Subpart C: Deduc	tions for Debt Paym	ent	
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.					
	a.	Name of Creditor	Property Securing the Debt	Average Monthly Payment \$	Does payment include taxes or insurance?	
	a.			Ψ	<u> </u>	œ.
					Total: Add Lines a. b and c	LD C

43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount Total: Add Lines a, b and c			
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.			
45	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense. a. Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) c. Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b			
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.			
	Subpart D: Total Deductions from Income			
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.			

	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION				
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$			
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$			
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result	\$			
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$			
	Initial presumption determination. Check the applicable box and proceed as directed.				
☐ The amount on Line 51 is less than \$6,575 Check the box for "The presumption does not arise" at the top of pa statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
52	☐ The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at the top of statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VIII.				
	The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (L 55).	ines 53 through			
53	Enter the amount of your total non-priority unsecured debt	\$			
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$			
	Secondary presumption determination. Check the applicable box and proceed as directed.				
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.				
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presum the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.	iption arises" at			

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Part VII. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. 56 Expense Description Monthly Amount \$ Total: Add Lines a, b, and c Part VIII: VERIFICATION I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.) Signature: s/ Stacey L Soberano Date: 08/20/2009 57 Stacey L Soberano, (Debtor)

8